



Marine Contractors Supplemental Information

This is not a Binder

☐ Great American Insurance Company of New York

☐ Great American Insurance Company

☐ _____

Application Information

Name of Applicant _____

Address - Number and Street _____

City _____ State _____ Zip _____

Producer Name and Address

Location of Insured's Storage Yards

A. _____

B. _____

C. _____

Total Number of Years In Business _____

Number of Years Under Current Management _____

Actual Gross Receipts Past 12 Months _____

Projected Gross Receipts Next 12 Months _____

Expiration Date of Current Policy _____

Requested Attachment Date _____

Operations *(check all that apply and percentage)*

☐ Piledriving _____ % ☐ Carpentry _____ % ☐ Dock Construction _____ %

☐ Boat Lift Installation _____ % ☐ Bridge Repair _____ % ☐ Excavation _____ %

☐ Revetment Construction _____ % ☐ Seawall Construction _____ % ☐ Bridge Construction _____ %

☐ Other _____ % ☐ Other _____ % ☐ Other _____ %

please describe

please describe

please describe

Percentage of Work Subcontracted: _____

Is Subcontracted Work Accompanied By A:

Yes

No

Hold Harmless/Indemnity Agreement?

☐

☐

Waiver of Subrogation?

☐

☐

Are Certificates of Insurance Required?

☐

☐

What Limits? \$ _____

Application Information *Continued*

Yes

No

Do you ever act as a subcontractor?

☐☐

If yes, please describe:

Does the applicant enter into contractual agreements other than those normal to the industry?

☐☐

If yes, provide details and copies of contracts:

Does the insured have a written safety program in-force at this time?

☐☐**Schedule of Vessels to Be Insured:** *(attach separate sheet if necessary)*Applicable Coverage: ☐ Hull ☐ P&I ☐ Pollution

Hull Description	Length	Age	GRT	Hull Limit	Hull DED.	P&I
				\$	\$	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>

Protection and Indemnity Coverage:

Limit Required: \$ _____ Deductible: \$ _____

Number of crew to be covered excluding owners: _____

Pollution Limit: (If Applicable)

OPA: \$ _____ CERCLA: \$ _____

Berthing Location of Vessels:

Experience of Vessel Operators Including Any USCG License Info:

Application Information *Continued***Schedule Of Equipment To Be Insured:** *(attach separate sheet if necessary)*

Description	Age	Model	Deductible	Limit
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Who is your current insurance carrier?: _____

How long have you been insured by them?: _____

Has your insurance ever been cancelled or nonrenewed?

If yes, please describe:

Yes

No

☐☐Current Premiums *(i.e. deposit and adjustment rate)*: _____

MCL Limit of Liability Required: \$ _____

MCL Deductible Required: \$ _____

Proposed Date of Attachment: _____

Marine Comprehensive Liability, Hull, P&I and Pollution Loss Record Prior Five Years*(attach hard loss runs, gross claim prior to deductible)*

Date of Loss	Details of Loss	Total Amount of Damage	Current Status	
			Open	Closed
		\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>

Describe Yard and Building Fire Protection:

Describe Yard Security:

Application Information *Continued***Yes****No**

Are revenues generated from other than the marine operations described above?

☐☐**If yes**, please describe:

Does applicant use employee leasing services and/or temporary workers?

☐☐**If yes**, are there:

Hold harmless/indemnity agreements in place in the applicant's favor?

☐☐

Waiver of subrogation?

☐☐

Are certificates of insurance obtained?

☐☐

What Limits? _____

To Arrange a Yard Inspection Contact:

Name _____

Address _____

Phone Number _____

Remarks

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. (Applicable to New York State only.)

Signing this application does not bind the Applicant to purchase the insurance or the Company to accept the risk, but it is agreed that this application shall be the basis of the contract should a policy be issued.

Applicant Signature _____

Producer Signature _____

Company Title _____

Company Title _____

Date _____

Date _____

Additional Comments: